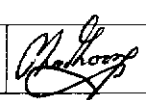


## ER Sheet Data Entry Form

## Basic Data

Officer ID No. Details		649			
Service	CSS	Cadre	Sub Cadre	Id No.	will be alerted by CS Division, LNB
				649	
Select List Year (Allot Year)					

## Name Details

Title	First Name	Middle Name	Sur Name	Initials
	MOIN	UDDIN	CHOUDHOURY	
CSL No./ SCSL No: (if known)				
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	1/10/1966	Date of Retirement
				30/9/2026
Community		MUSLIM	Religion	Islam.
Father's Name		Lt. Rahim Uddin Choudhury		

## Birth Details

Birth Place	Silchar	Birth State/UT		Nationality	Indian.
Birth District	Cachar	Mother Tongue	Bengali		
Domicile	Assam	Physically Handicap Status			
Blood Group	B. Positive	Identification Marks	1 (one) Cut mark of Right Knee		

## Marital Details

Marital Status	Married	Spouse Name	Mrs. SAPINA KHAYAM CHOUDHOURY
Spouse Nationality	Indian		

## Joining Details

Source of Recruitment	By INTERVIEW	Joining Date	03/10/1989	Retirement Details	30/9/2026
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## Departmental Examination Details

	Level	Year	Rank
1			
2			
3			

Remarks (if any)					
Language Known					
		Read	Write	Speak	
Indian Languages Known	1	BENGALI	Fluent	Fluent	Fluent
	2	HINDI	Limited	Limited	Fluent
	3	ASSAMESE	Fluent	Limited.	Fluent
	4				
	5				
Foreign Lang. Known	1	English.	Fluent	Limited	Limited
	2				
	3				
<b>Address Details</b>					
Permanant Address		Vill & P.O. Berenga Pt II Dist. Cachar Assam.	City	Silchar	
	State/UT	Assam	Pin Code	782005	
Present Contact Address		SOANI SUB-DIVISION UNDER BARAK VALLEY DIVISION BRAHMAPUTRA BOARD	City	Silchar.	
	State/UT	ASSAM	Pin Code	788005	
	Phone (Off)	03842230454	Fax.		
	Phone(Res)		Mob No	9435566051	
	E-Mail (Mandatory)				

**Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)**

Qualification		Discipline		Specialization 1	
PASSED HSLC					
Year	Division	CGPA	Specialization 2		
1984					
Institution		University		Place	Country
Govt Boys School		SEBA		Gwahatari	INDIA

**Experience**

Type of Posting		Level			
Designation		Present Position			
P.W.C Khalasi		P.W.C Khalasi			
Ministry		Department			
Ministry of Water Resources		Brahmaputra Board.			
Office		Place			
Sonai Sub-Division Sonai		Silchar.			
Experience Subject		Period of Posting			
Major	Minor	From	To		

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject

**Training**

Training Year	Training Name		Training Subject		
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)	
Sponsoring Authority	Period of Training		Duration	Result	
	From	To	( in Weeks)	<input type="radio"/> Qualified <input type="radio"/> Not Qualified	

**Awards/Publications**

Type of Activity :			<input type="radio"/> Academic	<input type="radio"/> Non Academic
Activity Area		Activity Subject		Activity Title
Day	Month	Year	Activity Description/Remarks	Level

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : \_\_\_\_\_ Place : Silchar

Moinuddin Chowdhury  
Signature of Officer

Section Officer	Ministry/Department	
E-mail Id	Room No.	Building Name :
Phone No.	Wing No.	